

F I N A L M I N U T E S

MEETING OF:

PATIENT SAFETY AUTHORITY

ONE HAAC DRIVE
WILDWOOD CONFERENCE CENTER
HARRISBURG, PENNSYLVANIA

TIME: 10:37 A.M.

DATE: SEPTEMBER 12, 2005

PATIENT SAFETY AUTHORITY

September 12, 2005

Board Members:

Anita Fuhrman, R.N., B.S.
Joan M. Garzarelli, R.N., MSN
Roosevelt H. Hairston, Esquire
Lorina L. Marshall-Blake
Gary A. Merica, R.Ph.
Cliff Rieders, Esquire
Stanton N. Smullens, M.D. (Via teleconference)
Marshall W. Webster, M.D.
Nathan J. Zuckerman, M.D.

Personnel:

Alan B.K. Rabinowitz, Board Administrator
Sharon L. Hutton, Administrative Assistant
Laurene Baker, Communications Director
Joan Plump, Esquire
Peter Hoffman, Esquire

Also Present:

Dick Lee, Deputy Secretary for Quality Assurance,
Department of Health
Barbara J. Holland, Deputy General Counsel,
Governor's Office of Health Care Reform
John Clarke, M.D., Clinical Director, PA-PSRS
Lynn Leighton, Hospital and Healthsystem
Association of Pennsylvania
Donna Balsley, Quality Insights of Pennsylvania

PATIENT SAFETY AUTHORITY

The regularly scheduled meeting of the Pennsylvania Safety Authority was held on Monday, September 12, 2005. Lorina Marshall-Blake, Vice-Chair/Acting Chairperson, called the meeting to order at 10:37 a.m.

Approval of Minutes of the July 11, 2005 meeting
[Ms. Marshall-Blake called for a motion to accept the minutes from the July 11 meeting.]

DR. ZUCKERMAN:

Motion for acceptance.

MS. MARSHALL-BLAKE:

Oh, okay. Is there a second?

DR. WEBSTER:

Second.

MS. MARSHALL-BLAKE:

Okay. All those in favor?

[The motion carried unanimously.]

New Business

[Ms. Marshall-Blake adjusted the agenda to accommodate the schedule of Dick Lee, Deputy Secretary for Quality Assurance, Department of Health. Mr. Lee explained

how the Department responds to Act 13 requirements for patient safety plans and written patient notification. He noted that the Department "worked very closely with the Patient Safety Authority staff and contractors" and that he concluded that "we have a system in place that works fairly well." He also noted that the Department "meet[s] regularly with the Patient Safety Authority." Mr. Lee informed the Board that, between July 1, 2004 and August 3, 2005, the Department received 8756 Serious Events and 21,323 Infrastructure Failures, for a total of 30,079 reports. Of these, 8,774 reports involved patient harm (Harm Scores of "E" through "I" on the report submission form). Mr. Lee noted that, in response to these events, the Department "generated approximately 15 deficiencies." In response to a question about whether PA-PSRS data differed from the data the Department previously collected through the Chapter 51 reporting system, Mr. Lee noted that the PA-PSRS data "is substantially higher volume, and, I would say, that probably it's better quality..."]

[Mr. Lee next talked briefly about the Department's new proposed regulations for healthcare facilities.

Ms. Marshall-Blake invited Barbara J. Holland, Deputy General Counsel in the Governor's Office and Counsel to the Governor's Office of Health Care Reform, and formerly Chief Counsel in the Department of Health, to join the discussion. Ms. Holland pointed out the importance of Chapter 52 provisions relating to patient safety and quality improvement, and encouraged Board members to pay particular attention to that Chapter. She specifically encouraged the Authority, and individual members, to submit written comments to the Department by October 15, 2005.]

[Mr. Lee addressed the Board concerning his August 5, 2005 letter to the Patient Safety Authority requesting information related to Incidents. He explained that the Department would like to be provided with the names of facilities that have not submitted any Incident reports. There was considerable discussion among the Board and between them and Mr. Lee and Ms. Holland. Much of the discussion focused on the confidentiality aspects of releasing this information to the Department and how Act 13 addresses what information the Department may have access to.]

DR. ZUCKERMAN:

Correct me if I'm wrong. You do not want any reporting of Incidents to the Department of Health?

MR. LEE:

No.

DR. ZUCKERMAN:

You want reporting only the names of those acute care facilities or midwifery centers or surgical centers that have not reported any Incidents to PA-PSRS?

MR. LEE:

That's where we would like to start, yes. We believe that there are -- we have been led to believe, let me say that, that there are some facilities that have simply not had any Serious Events, Infrastructure Failures or Incidents in the last 18 -- 14 months.

[In response to a question from the Board about what the Department does with the report information it already receives through PA-PSRS, Mr. Lee noted that the Department has not "tried to identify all the facilities in the entire data set that have not reported anything in the way of Serious Events and Infrastructure Failures." The Board discussed several alternatives to providing the Department

of Health with the names of facilities that have not reported Incidents. Ms. Garzarelli raised the issue of how much information individual Board members should have about specific facilities. Mr. Rabinowitz described initiatives by PA-PSRS staff to encourage reporting by all facilities, especially those that have not submitted many or any reports.]

MR. RIEDERS:

I'd like to move that we comply with the request from the Department of Health and --enunciated in the correspondence of Mr. Lee...

MS. MARSHALL-BLAKE:

Is there a second?

MS. GARZARELLI:

I'll second.

[There being no comments from the public, the Board voted by roll call.]

Anita Fuhrman, R.N., B.S., nay; Joan M. Garzarelli, R.N., MSN, yes; Roosevelt H. Hairston, Esquire, no; Lorina L. Marshall-Blake, no; Gary A. Merica, R.Ph., yes; Cliff Rieders, Esquire, yes; Stanton Smullens, M.D., no; Marshall W. Webster, M.D., no; Nathaniel J. Zuckerman, M.D., no.

[A discussion was held to clarify the count of the votes for the motion.]

MR. HAIRSTON:

I would like to make a motion, picking up on something that Joan mentioned, and my motion is to ask for the staff to provide us with the number of institutions that have failed to -- if any that have failed to report any or make any incident reports in the PA-PSRS, and to -- in addition to that to be able to -- well, I don't know if this needs to be a part of the motion, but I would -- depending on that information, I would like to have the opportunity to discuss this issue again.

DR. ZUCKERMAN:

I second the motion.

MR. MERICA:

Could I -- and I'm -- I don't know whether this is procedurally correct, and if it's not, then tell me. But as part of that, Roosevelt, I'd also like to get follow up as to what staff have done -- you'd mentioned, Alan, about contact them and have they clicked back or not. Any detail

that we can get in that regard to, you know, ten haven't reported and five clicked back and five just dropped off the face of the earth, that would help me in that discussion, as well, if that's acceptable to you, Roosevelt.

MR. HAIRSTON:

Yeah. I accept that amendment.

MS. MARSHALL-BLAKE:

Is there a second? I think...

DR. ZUCKERMAN:

Second.

[There being no public comments, the Board voted by roll call.]

Anita Fuhrman, R.N., B.S., aye; Joan M. Garzarelli, R.N., MSN, yes; Roosevelt H. Hairston, Esquire, yes; Lorina L. Marshall-Blake, yes; Gary A. Merica, R.Ph., yes; Cliff Rieders, Esquire, yes; Stanton Smullens, M.D., yes; Marshall W. Webster, M.D., yes; Nathaniel J. Zuckerman, M.D., no.

[The motion carried unanimously.]

[Mr. Lee next briefly mentioned the new federal legislation related to a national data base for patient safety reports.]

Report of Board Vice-Chair

[There was no report presented.]

Report of Board Administrator

[Mr. Rabinowitz informed the Board that other states and institutions have showed continued interest in Pennsylvania's reporting system and that staff have demonstrated the system on numerous occasions. He noted that he has also had informal discussions with the University HealthSystem (UHC) and U.S. Pharmacopeia (USP) about how the Authority and those organizations might collaborate in sharing research data and other items, as well as how they are responding to the NQF taxonomy and the new federal legislation. In response to previous direction from the Board, Mr. Rabinowitz advised that staff will be in touch with members of the General Assembly and various agency heads to keep them informed about upcoming Authority meetings. Mr. Rabinowitz also noted that, in response to the recommendations of the Education and Long Range

Planning Committees, he is working with staff from ECRI and ISMP on educational and outreach initiatives in preparation for a larger discussion during the site visit to the ECRI facility in October.]

[As follow-up to the discussion at the July Board meeting, Mr. Rabinowitz reported that staff determined that 5.3 percent of all reports submitted during a 90-day period had a to-be-determined ("TBD") flag after the 90-day window. A question was raised about how these TBD flags are followed up on. Because the TBD flag was included in the reporting system at the request of the Department of Health, Ms. Holland advised the Board that she will convey the information to Mr. Lee. Mr. Rabinowitz indicated that the issue will be included on the agenda for the next quarterly status meeting Authority staff will soon be having with the Department of Health.]

PA-PSRS Update

[Mr. Rabinowitz advised the Board that there were 180,000 reports in the database as of last week. He also noted that Dr. Clarke, counsel and other clinical staff would be conducting an on-site inspection of the facility relating to the most recent Anonymous Report. There was a general

discussion about how the PA-PSRS data base was established and various applications of the system. Mr. Rabinowitz informed the Board that, as of September 3, 2005, there were 190 ambulatory surgical facilities, five birthing centers and 249 hospitals in the system, for a total of 444 facilities. He also described new software enhancements recently or about to be made to the PA-PSRS system, including new data export capabilities, which many facilities had requested. Mr. Rabinowitz also advised the Board that staff would be conducting PA-PSRS training sessions for new users later in the fall as well as a second user survey during the winter.]

Committee Reports

[Mr. Merica provided the Board with a revision of the proposed Bylaw. The Board was advised of the process for amending the bylaws by Ms. Plump, which requires that a change to the Bylaws be presented at one meeting and voted on at the subsequent meeting.]

Old Business

[A follow-up discussion was held relating to the Proposal for Regional Improvement Networks previously presented by Karen Feinstein, President, Jewish Healthcare Foundation.]

Mr. Rieders suggested forming a small work group to meet with Ms. Feinstein to discuss the proposal. There was lengthy discussion relating to the ability of the Board to fund such a proposal and what protocols it should use to determine whether to fund specific requests.

DR. SMULLENS:

We really need to figure out what the Board's abilities are to fund anything like this and what we should -- how we should look at this overall before we make a specific -- about this or any other request that I'm sure we're going to get.

MS. FUHRMAN:

I would agree with Stan and also being someone who fills out the paperwork to submit the fees to maintain this Authority, I think we really have to be sensitive to the three types of facilities whose money we are using and look from their perspective -- what their reaction -- what they would gain from any of these things that we may do in the future.

MR. MERICA:

Yeah. I -- and I support those comments. Again, we -- I know we have some information from one of the surveys from facilities that we conducted

before on types of things that they would like to see from an educational standpoint, and I would just like that to be part of the decision-making process that we use to make sure again, as we are using facilities' funds, that we meet their needs as well, but that can just be part of that structure in deciding...

[There was discussion about statutory authority to spend funds.]

MS. PLUMP:

Well, actually, the -- our ability to spend under the statute is pretty broad. We can spend money -- you can spend money in the fund for the purposes of effectuating the purposes of this Chapter, and the purpose of the Chapter is to insure patient safety. So, you have very broad spending. I don't see anything in the statute, I don't know if Peter disagrees, that would prevent you from funding this request or any other similar requests. Part of what you have to determine is the point of what they're doing is working to insure patient safety, and then the money in the fund, if you decide you want to spend it that way, I think the statute gives you

the authority to do it.

MR. HOFFMAN:

I think the -- I don't see a prohibition. The only thing that I see is a reality, and I think Anita sort of mentioned it earlier, and that is, you know, we ask every year and the Health Department goes out and solicits and obtains the money that different institutions are going to pay. And, I think there was an expectation that the initial \$5 million would decrease over time, as most of the expensive stuff had been done and was front-ended. So, I think you may end up with a push-back from the institutions if you're going to be funding a lot of programs such as this, which has a pretty expensive price tag on it. It's two-and-a-half-million dollars. It's one-half of what you'd be asking the hospitals or the institutions to pay every year. So, I don't think it's a legal prohibition, but I think it's kind of like a cold shower in the morning. It may be a reality check.

[Ms. Fuhrman suggested that, if the Authority were to consider funding incoming proposals, it might be appropriate to issue a Request for Funding (RFP) so that

the opportunity to receive funds from the Authority would be available to all interested parties. It was determined that the Long Range Planning Committee would look into this suggestion and bring recommendations back to the Board.]

[Dr. Clarke explained the development of the proposed algorithm for determining event type and feedback that he received from various Board members. After lengthy discussion on the "reportability" of events and the specific language included within the algorithm, it was decided that evaluation of the proposed algorithm would proceed. The next step is to share the algorithm with the Department of Health, since their concurrence is important to assure use by facilities. Mr. Rabinowitz noted that staff would raise the issue with the Department of Health at the upcoming interagency meeting already scheduled. If the Department concurs with the use of the algorithm, then staff will pilot-test the algorithm among several facilities and patient safety officers.]

New Business

[Ms. Marshall-Blake informed the Board that they will appoint a Budget Committee. Dr. Zuckerman, as the treasurer of the Board, was appointed as the Chair of the

Committee, and Mr. Hairston and Mr. Goodrich were also appointed.]

[Lynn Leighton of the Hospital Association of Pennsylvania and Donna Balsley of Quality Insights of Pennsylvania were then introduced and gave the Board a presentation on the status of the "100,000 Lives Campaign" in Pennsylvania. The Authority is a campaign "Node" partner along with the Hospital and Healthsystem Association of Pennsylvania, Quality Insights of Pennsylvania, VHA Pennsylvania, VHA East Coast, the Delaware Valley Healthcare Council and the Hospital Council of Western Pennsylvania. Ms. Leighton and Ms. Balsley enumerated various Pennsylvania initiatives, including workshops, collaboration and data monitoring. They also described specific facility responses to the six healthcare interventions that make up the "100,000 Lives Campaign." The Board was further advised of an upcoming telecast on medication reconciliation, a program being put together by Node partners relating to ventilator-associated pneumonias in the ICU, and central venous catheter-associated bloodstream infections in the ICU, as well as a September 23, 2005 IHI briefing of the campaign in Harrisburg.]

[Ms. Marshall-Blake announced that the next Board meeting will take place on Tuesday, October 11, 2005, at the Hilton Valley Forge, Route 202 at King of Prussia and that the public meeting will be at 10:30 a.m.]

[Ms. Plump gave the Board a summary of the recent Federal Legislation related to Patient Safety Reporting.]

[Dr. Clarke reviewed the National Quality Forum's recently adopted Voluntary Consensus Standards for standardizing a Patient Safety Taxonomy and the various implications for the Patient Safety Authority.]

Public Comments

[There were no public comments]

Adjournment

[Ms. Marshall-Blake called for a motion to adjourn.]DR.

ZUCKERMAN:

So moved.

MR. RABINOWITZ:

Nat?

MS. MARSHALL-BLAKE:

Is there -- Nat? Is there a second?

DR. SMULLENS:

Second.

[The motion carried unanimously]

[The meeting adjourned at 1:40 p.m.]

Tim Wagner
Minute Clerk
York Stenographic Services

PATIENT SAFETY AUTHORITY
BOARD OF DIRECTORS
REFERENCE INDEX
SEPTEMBER 12, 2005

TIME	COUNTER NUMBER	AGENDA
10:37	0024	Call to Order, Lorina Marshall-Blake, Vice-Chair
10:38	0080	Approval of Minutes of the July 11, 2005 meeting
10:40	0140	Discussion on Act 13 and PA- PSRS with Dick Lee and Barbara J. Holland
11:17	2409	Discussion re: letter from Dick Lee
12:01	4869	Report of Board Administrator Alan Rabinowitz
12:17	6360	PA-PSRS Update
12:28	0445	Committee Reports
12:31	0605	Old Business
12:41	1224	Discussion on reportability and proposed algorithm with Dr. Clarke
1:00	2438	New Business
1:00	2488	Update on 100,000 Lives Campaign with Lynn Leighton and Donna Balsley
1:23	4109	October meeting information
1:24	4215	Review of recent Federal Legislation re: patient safety reporting with Ms. Plump and Dr. Clarke

1:30	4727	Review of National Quality Forum's Voluntary Consensus Standards with Dr. Clarke
1:36	5194	Public Comments
1:40	5872	Adjournment